

K980142

APR - 3 1998

510(k) SUMMARY  
LASERLITE DIODE SURGICAL LASER

This 510(k) summary of safety and effectiveness for the diode surgical laser is submitted in accordance with the requirements of SMDA 1990 and follows Office of Device Evaluation guidance concerning the organization and content of a 510(k) summary.

**Applicant:** LaserLite

**Address:** 30-31 Union Wharf  
Third Floor  
Boston, MA 02109

**Contact Person:** David F. Muller, Ph.D.  
President

**Telephone:** 617-720-5254  
617-720-5260 (Fax)

**Preparation Date:  
(of the Summary)** February, 1998

**Device Name:** LaserLite Diode Surgical Laser

**Common Name:** Surgical Laser: GaAlAs Semiconductor Diode Laser

**Classification Name:** Laser surgical instrument for use in general and plastic surgery and in dermatology (see: 21 CFR 878.4810). Produce Code: GEX. Panel: 79.

**Legally marketed predicate devices:** Diomed Surgical Lasers

**Description of the Device:** The LaserLite diode surgical laser is a semiconductor diode laser operating at  $810 \pm 20$  microns.

**Indications for Use:** The LaserLite diode surgical laser is indicated for incision, excision, vaporization, ablation, cutting, hemostasis and coagulation of soft tissue in dermatology and plastic surgery, including aesthetic surgery.

**Comparison to:** The specifications of the LaserLite diode surgical laser are the same as or very similar to those of the claimed predicates (e.g., the Diomed Diode 60W laser K962354).

**Performance data:** None. The specifications and indications for use of the LaserLite diode surgical laser are the same or very similar to those of the claimed predicate devices. The LaserLite diode surgical laser has many of the same indications for use which the claimed predicates have been cleared and has no additional indications for use.

Because of this, performance data were not required.

**Conclusion:** Based on the foregoing, LaserLite believes that the LaserLite diode surgical laser is substantially equivalent to legally marketed predicate devices.

LASERLITE HAND PIECE

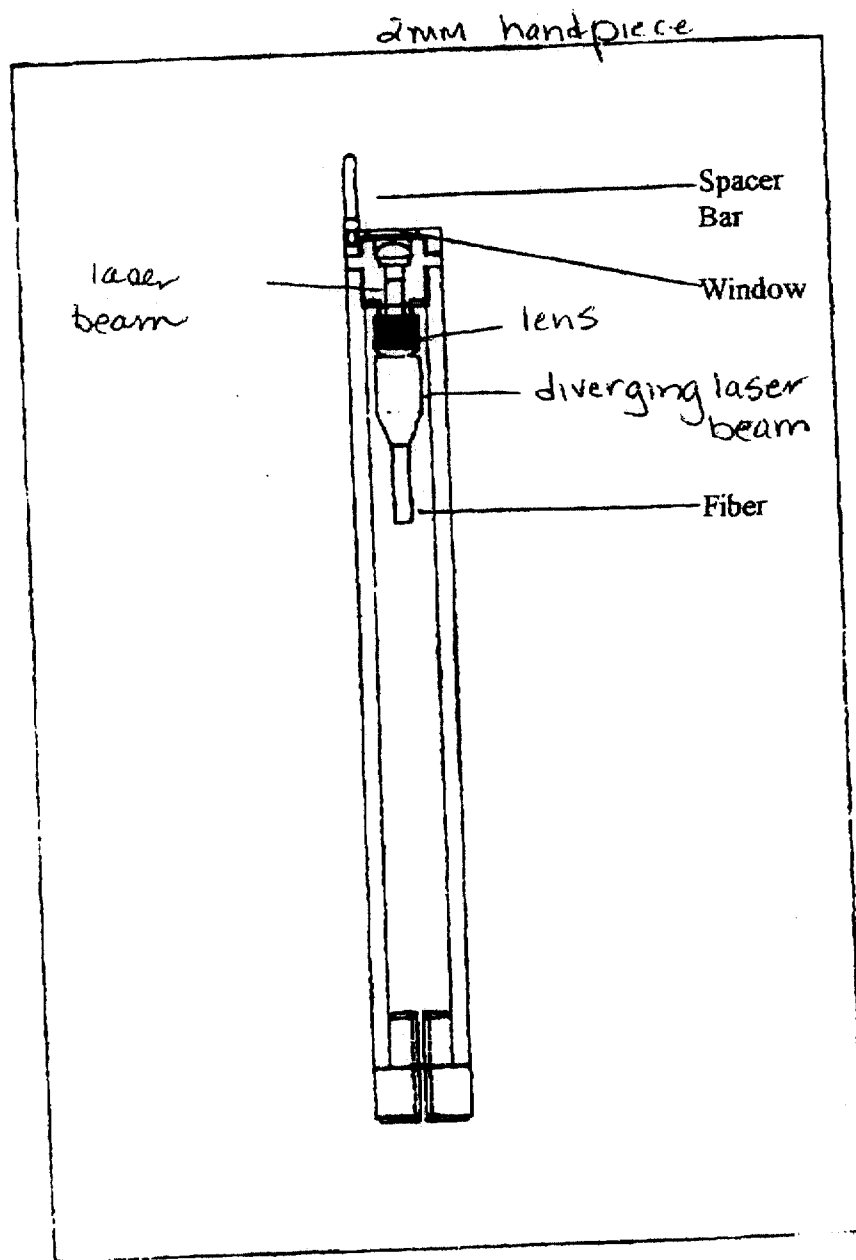


Figure 1



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

David F. Muller, Ph.D.  
President  
LaserLite  
30-31 Union Wharf  
Third Floor  
Boston, Massachusetts 02109

APR - 3 1998

Re: K980142  
Trade Name: LaserLite Diode Surgical Laser  
Regulatory Class: II  
Product Code: GEX  
Dated: January 15, 1998  
Received: January 15, 1998

Dear Dr. Muller:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

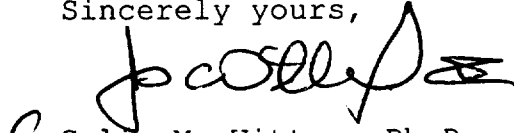
If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

Page 2 - Dr. Muller

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4595. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "<http://www.fda.gov/cdrh/dsmamain.html>".

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'C. Witten', with a stylized flourish at the end.

h Celia M. Witten, Ph.D., M.D.  
Director  
Division of General and  
Restorative Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

510(k) Number: K980142

Device Name: LaserLite Diode Surgical Laser

Indications for Use:

The LaserLite diode surgical laser is indicated for incision, excision, vaporization, ablation, cutting, hemostasis and coagulation of soft tissue in dermatology and plastic surgery, including aesthetic surgery.

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use X  
(Per 21 CFR 801.109)

OR Over-The-Counter Use \_\_\_\_\_

(Optional Format 1-2-96)

  
(Division Sign-Off)

Division of General Restorative Devices

510(k) Number \_\_\_\_\_

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